



MQB 7004

SOCIETY, BEHAVIOUR AND HEALTH

INDIVIDUAL ASSIGNMENT

2021

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Date of Submission	10 th May 2021
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Word Count	1906

School-based Tobacco Prevention and Cessation Programs

One of the largest global health issues facing currently is the morbidity and mortality related to tobacco consumption which leads to a prominent public health problem across the globe. Despite tobacco being one of the main preventable causes for diseases and death, it is estimated around 8 million people around the world were killed due to tobacco consumption annually and over 80% of the tobacco users are mainly from the low-income and middle-income countries (WHO, 2020). In Malaysia, according to National and Health Morbidity Survey (NHMS, 2020), there is a slight dip in the smoking rate among Malaysians from 22.8% in 2015 to 21.3% in 2019. The reduction in smoking rate is not as promising as compared to other middle-income countries in South-east Asia and this is further poorly projected in achieving the WHO's End Game target to reduce 30% of smokers by year 2025, where Malaysia's predicted achievable target is 19.6% by 2025. The progress of Malaysian government in smoking prevention and cessation remain plateau for decades despite of the implementation of smoking policies and measures that are in line with MPOWER of WHO's Framework convention of Tobacco control (Heng, P. P., et. al., 2020).

Further dissection of the Malaysia's situation shows that prevalence of smokers among the youngsters or school going adolescent remain high for years, especially in secondary school students compared to primary school students, and that smokers started at early age has the behaviour lasting for decades and struggles to quit. In addition to have multiple level of smoking prevention and cessation programs established by the government in the country, more emphasis needs to be given to the school-based intervention to curb the no smoking habit from young age (Kuang Hock, L., et. al., 2019). The empowerment of no-smoking behaviour among the students is not a project to be worked in silo by the Ministry of Health (MOH) but a holistic integration involving the Ministry of Education (MOE) and Ministry of Communications and Multimedia (MOCM).

The Malaysian government has introduced few policies to address the tobacco induced health problems and to strengthen the smoking prevention measures within the country (Ministry of Health, 2015). Interventions that were established are the amendment in the smoking regulations 1993 on the smoke free zone expansion to public areas, prohibition on selling the cigarettes and tobacco related products to those less than 18 years old, restructuring the cigarette taxation with a steady taxation increment of cigarettes and intensify and strengthening the health promotion program in primary healthcare settings. On top of that, the government too warn the hazardous effect of smoking to public by displaying the health warning on the cigarette packages and apply ban on sponsorships, advertisements and promotion related to tobacco products. MOH, in addition to these policies and measures, has introduced a smoking cessation clinic to facilitate and motivate the smokers to quit via the Malaysia Quit smoking services and mQuit programme since 2015. On a bigger scale, with the help of MOCM, a large scale nationwide “Say No” anti-smoking campaign was held in 2004 (Arumugam T., 2018). The campaign was launched in order to educate the nation especially the younger generations on the hazard of smoking via an integrated multimedia approach such as social media, television, radio, advertisement and billboards. These interventions are established based on the six indicators of WHO’s MPOWER.

In addition to these, government too has initiated several school-based anti-smoking programmes to reduce the smoking prevalence among the school going students especially among the primary and secondary school students. MOE with the collaboration with MOH has initiated the program called as the Young Doctor’s Club in 1983. It is an intervention program targeted the school students through peer-led teaching to teach and shape healthy attitudes to lead and advocate their family and friends on adopting healthy lifestyle (Ministry of Health, 2008). Thus, one of the components of this program is the no smoking behaviour empowerment. The program was first established among the primary school students before

it was expanded its scope to secondary schools in 2014. Following this, MOH has expanded the mQuit services to primary and secondary schools in 2015 followed by Oral Health Without Cigarettes (KOTAK) in the year 2016 as part of the school-based smoking cessation program (Arumugam T., 2018). However, despite of these initiatives the complete abstinence in smoke prevention within the adolescent is still lacking in Malaysia. The effectiveness in curbing the smoking and tobacco use by the school going adolescents are still ineffective mainly due to the lack in emphasizing school student targeted intervention.

Prior to implementation of a school student targeted intervention, further analysis needs to be done to study their attitude towards smoking behaviour. The development of the intervention program for school students has to be based on various health behaviour models. Study by Tohid, H., et.al. (2012), states that among many health behaviours models, social cognitive model shows to be the most comprehensive model in describing the smoking behaviour and attitude in contexts of cognitive, behavioural, and social influences. This model explains that the motivation to quit is heavily dependent onto the knowledge on smoking dangers, perceived benefit upon quitting and the self confidence in overcoming the obstacles to quit. On top of that, the model also explains that the cognitive and behaviour is highly influenced by the societal structure. The societal factors include the availability of cigarettes, approval from peer on smoking and quitting, influence from the society on the norm for smoking and the fun seeking behaviour. The study shows that all these influences reciprocate with each other and suggest using this model as a fundamental resource in developing a school-based smoking intervention program.

There are multiple school-based study and intervention was done in other countries around the world. Some of the studies conducted has proven its effectiveness in reducing smoking behaviour among the adolescent and it is in accordance with the health behaviour model's outcome by Tohid, H., et. al. (2012). Currently in Malaysia, the smoking prevention

and cessation in school-based program includes the motivation, peer-led activities, health talks, exhibitions, and counselling sessions. Therefore, the government does not need to revamp the whole school-based intervention structure but to integrate the new ones into the current existing programs.

One of the recommendations is to enhance the student's knowledge and awareness towards the harm of smoking and benefit of quitting to be done by incorporating the religious or spiritual belief or teaching into the current school's curriculum along with health-related teaching. The key player in establishing this intervention is the MOE. A study done in Aceh among school students incorporating both the health and Islamic school-based smoking intervention program shows a positive outcome on knowledge regarding the harms of smoking and benefits of quitting thus reduces the rate of smokers among the school students. Hence, the study shows that tailoring the religious or spiritual element into the health education is beneficial (Tahlil, T., R. J. Woodman, J. Coveney and P. R. Ward, 2013).

Adolescence period is a very fragile and sensitive period of one's life. It is a crucial period of human's development where there will be behavioural and biological changes occur, self-identity establishment and possible chances in engaging into high-risk behaviour. Therefore, an appropriate prevention program or life-skills-based intervention is needed to aid them healthy development disengaging from risky behaviours from early adolescence. Here, suggesting the Psychology and Counselling division under the MOE with the assistance of MOH is needed to run this prevention program. In Paris, a life-skilled-based program called Mission Papillagou was established in 2002. The aim of the program is to promote abilities in critical thinking, problem solving, communication and emotion coping. Improving the life skills will elevate the confidence in the students and constitute the behaviour from committing a high-risk behaviour. Study done by Moulrier, V., et.al. (2019) shows that the

program induces a positive change towards smoking and prevents them from adapting the smoking behaviour including the e-cigarettes.

A peer led intervention program in school is an effective program for smoking prevention and cessation among school students. This program is suggested to be led by the MOE with the assistance of the psychology and counselling units. This program is aimed to conduct and deliver a health promotion via social network. The main objective of this program is to educate, and train elected students to deliver and guide their peers regarding the harms of smoking and help them in quitting. This program also acts as a platform for sharing of knowledge and personal experience among the peers and thus help to develop a healthy non-smoking behaviour. A study conducted in Scotland showed that a peer led intervention program named A Stop Smoking in Schools Trial (ASSIST) has high level of fidelity that it helps the students to change their perception on smoking and prevent them from indulging into such high-risk behaviours. On top of that, this program also helps the students to build a strong positive peer connection that encourages them to build a healthy lifestyle (Dobbie, F., et. al., 2019).

Social media and adolescent are no strangers. In this era, technology plays a vital role in everyone's life and that it can either give a positive or negative impact onto oneself. By using this as an upper hand, MOH and MOCM could play a prominent role in advocating this no smoking behaviour among the adolescent. One of it using the mass media to conduct no smoking health campaign. This can primarily do via online paid banner in Facebook, Google, Yahoo or Microsoft or through more traditional approach, television, radio, or magazines to promote anti-smoking behaviour (Baskerville, N., et. al., 2015). Through this medium, not only can spread awareness on smoking but also advertise the quit smoking help line for an easier access and made it known to everyone. A similar approach can be done in smaller scale within the school institution where in here the Information Department within the MOE

plays the main role. Study by Golecha M. (2016) states that mass media intervention applied to a specifically targeted institution is more effective compared to other approaches.

In addition to this, digital technology and social media also acts as medium for the adolescent to express their opinion and emotions. Therefore, Health Education Department in the MOH with the collaboration to Resource and Education Technology Division of MOE establish a web or mobile phone based smoking prevention and cessation program as part of the school based-intervention program. The web or app will provide information on the dangers of smoking habit, benefits of quitting and provide a sharing platform by creating and uploading videos of their journey in quitting their smoking habit. Research done in Canada on social media app on smoking cessation intervention called Break-It-Off (BIO) has shown a significant reduction the adolescent's smoking rate and thus changed their perception on smoking habit (Baskerville, N., et. al., 2015).

Over the years, government has implemented many interventions to combat the smoking problem among the adolescent. However, a thorough and more tailored intervention is needed to sow the anti-smoking habit among the youths. Not only smoking is injurious to health but also to the nation. The impact of smoking can be traced to many years forward. Therefore, one of the efforts towards healthy nation, to seed the healthy habit from young age. Afterall, the youth of today are the leaders of tomorrow and it is our responsibility to protect their future.

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